

**South Carolina District Children's Camp
Counselor Application**

It is very important to complete this form and the background request form and send them to Brandon Watts by June 2, 2017.

Confidential

This application is to help us provide a safe and secure environment for the children who participate in our camps.

Personal

Date _____ Date of Birth _____
Name _____ Phone Number _____
Address _____ Current Driver's License # _____
City _____ State _____ Zip _____

Please specify the camp in which you desire to work: Primary (July 14-16)
 Junior (July 10-13)

T-Shirt Size: _____

Have you ever been arrested? _____ If so, please explain _____

Have you ever been the victim of abuse or molestation? YES NO

If you prefer not to answer the above questions, you may discuss them in confidence with the camp director. A "yes" or a blank will not necessarily disqualify you to work in the camp.

Local Church Membership _____

Pastor's Name _____

How long have you attended this church? _____

Please list positions and churches where you have worked with children.

Please list positions and locations of non-church related work with children.

Please list three references of persons unrelated to you, with their address and phone number.

What specific interests/skills do you have that could be used during camp? _____

Applicant's Statement: The information above is true to the best of my knowledge. I give permission for references or churches to provide information about my character, history, and experience. I release any person or organization from liability for compliance with the requests of this application. I give permission for a full background check. I sign this statement freely with full knowledge of the procedures.

Signed _____ Date _____

Please mail to Brandon Watts•2145 Green Ln•Bishopville, SC•29010

